

EXHIBIT "H"

## Form 5500

Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with  
the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210 - 0110  
1210 - 0089

1999

This Form is Open to  
Public Inspection**Part I Annual Report Identification Information**

For the calendar plan year 1999 or fiscal plan year beginning 07/01/1999 , and ending 06/30/2000 ,

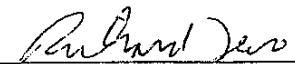
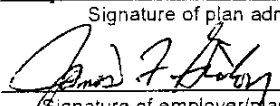
- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan;  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here ☐
- D If you filed for an extension of time to file, check the box and attach a copy of the extension application ☒

**Part II Basic Plan Information --** enter all requested information.

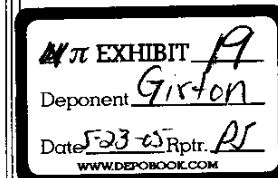
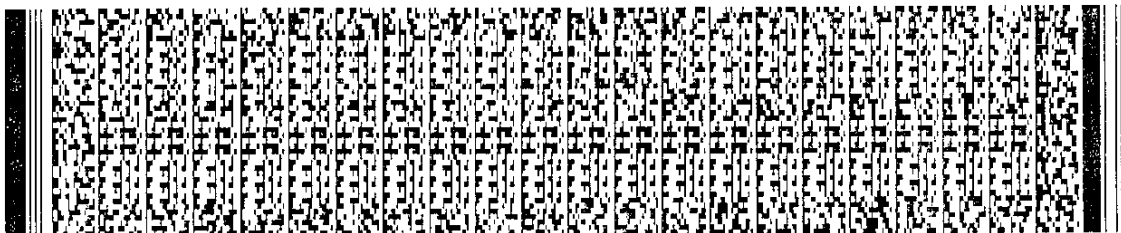
1a Name of plan Suburban Bancorporation, Inc. Employee Stock Ownership Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 07/01/1993
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Fifth Third Bank  38 Fountain Square Plaza, MD 10AT41  Cincinnati OH 45263	2b Employer Identification Number (EIN) 31-1385530
	2c Sponsor's telephone number 513-579-4137
	2d Business code (see instructions) 522120

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

 Signature of plan administrator	4/16/01 Date	Richard Levo Typed or printed name of individual signing as plan administrator
 Signature of employer/plan sponsor/DFE	4/16/01 Date	James F. Girton Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

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3a Plan administrator's name and address (if same as plan sponsor, enter "Same")  
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

c PN

a Sponsor's name

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone no.

6 Total number of participants at the beginning of the plan year	6	1,696
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c and 7d)		
a Active participants	7a	995
b Retired or separated participants receiving benefits	7b	0
c Other retired or separated participants entitled to future benefits	7c	645
d Subtotal. Add lines 7a, 7b, and 7c	7d	1,640
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	1,640
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	1,640
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	0
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	0

8 Benefits provided under the plan (complete 8a through 8c, as applicable)

a ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan

Characteristics Codes (printed in the instructions): 1A 20

b ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan

Characteristics Codes (printed in the instructions):

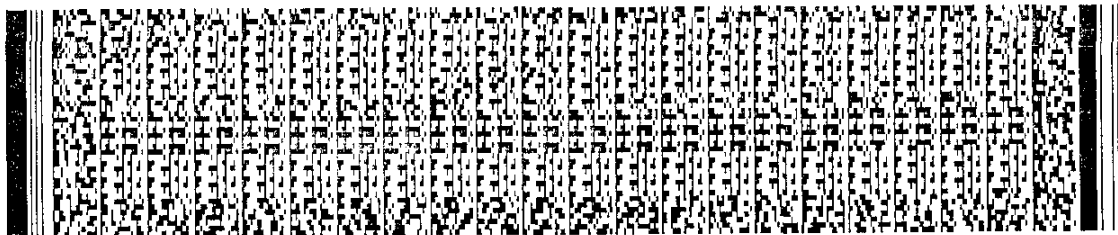
c ☐ Fringe benefits (check this box if the plan provides fringe benefits)

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance  
 (2) ☐ Section 412(i) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
 (2) ☐ Section 412(i) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor



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**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

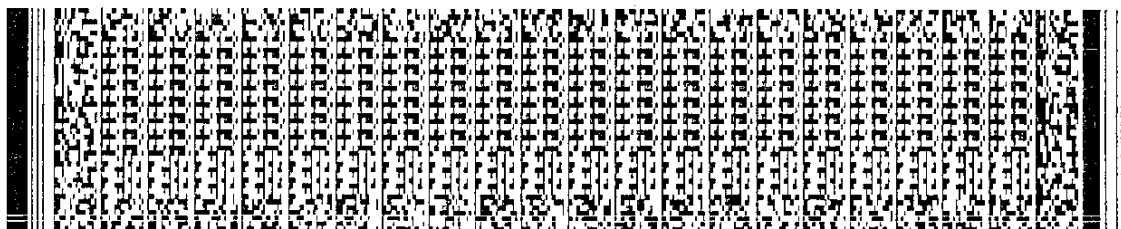
- (1) ☐ R (Retirement Plan Information)
- (2) ☒ 1 T (Qualified Pension Plan Coverage Information)  
 If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year . . . . . ▶ \_\_\_\_\_
- (3) ☐ B (Actuarial Information)
- (4) ☒ E (ESOP Annual Information)
- (5) ☐ SSA (Separated Vested Participant Information)

**b Financial Schedules**

- (1) ☒ H (Financial Information)
- (2) ☐ I (Financial Information -- Small Plan)
- (3) ☐ A (Insurance Information)
- (4) ☒ C (Service Provider Information)
- (5) ☐ D (DFE/Participating Plan Information)
- (6) ☐ G (Financial Transaction Schedules)
- (7) ☒ 1 P (Trust Fiduciary Information)

**c Fringe Benefit Schedule**

- ☐ F (Fringe Benefit Plan Annual Information)



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**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**1999****This Form is Open  
to Public Inspection**

For the calendar year 1999 or fiscal plan year beginning 07/01/1999, and ending 06/30/2000

<b>A</b> Name of plan Suburban Bancorporation, Inc. Employee Stock Ownership Plan	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 Fifth Third Bank	<b>D</b> Employer Identification Number 31-1385530

**Part I Service Provider Information (see instructions)**

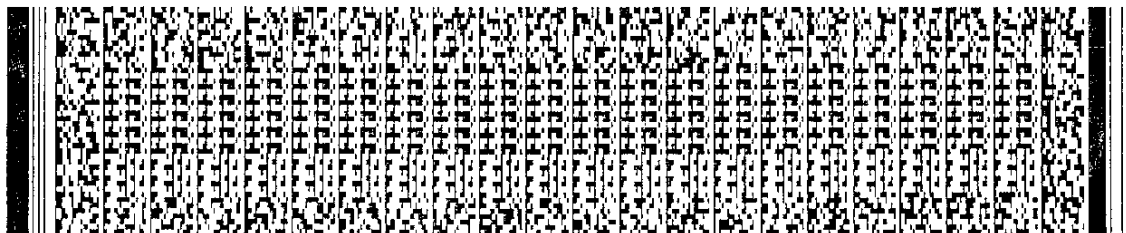
1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: 1 0

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employer organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		Contract Administrator				12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employer organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
Keating, Muething & Klekamp LLP	31-0570030	Attorney				
None					18,312	22

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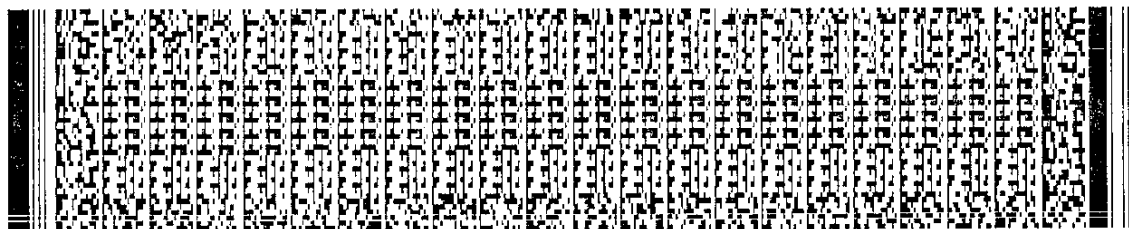
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employer organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



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Schedule C (Form 5500) 1999

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**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation \_\_\_\_\_

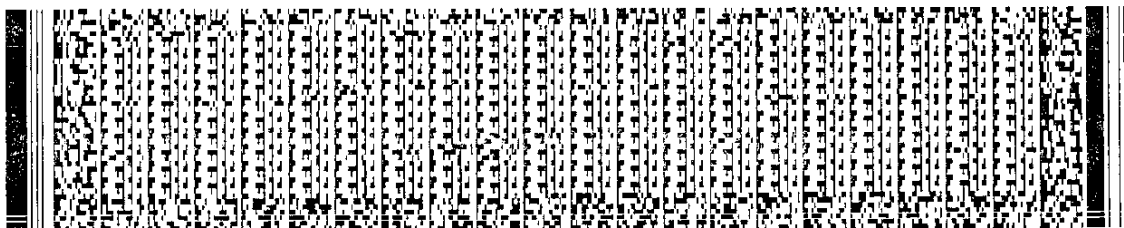
(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_



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**SCHEDULE E  
(Form 5500)****ESOP Annual Information**

Under Section 6047(e) of the Internal Revenue Code

Official Use Only

OMB No. 1210-0110

**1999****This Form is NOT Open  
to Public Inspection**Department of the Treasury  
Internal Revenue Service▶ **File as an attachment to Form 5500 or 5500-EZ.**

For the calendar year 1999 or fiscal plan year beginning 07/01/1999, and ending 06/30/2000

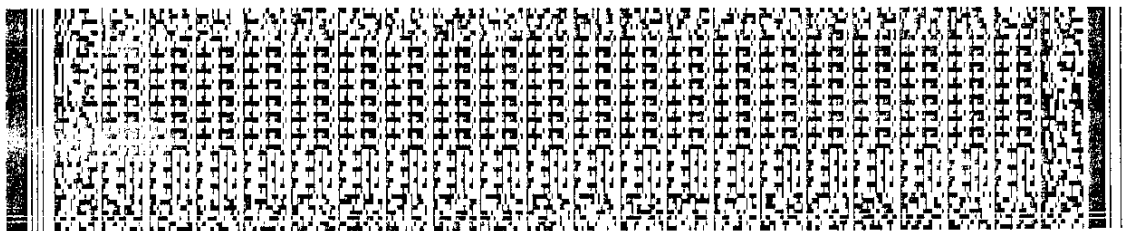
<b>A</b> Name of plan Suburban Bancorporation, Inc. Employee Stock Ownership Plan	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Fifth Third Bank	<b>D</b> Employer Identification Number 31-1385530

	Yes	No
<b>1a</b> Did the employee stock ownership plan (ESOP) have an outstanding securities acquisition loan within the meaning of Code section 133 during the plan year? .....		X
<b>b</b> Did the employer maintaining the ESOP pay dividends (deductible under section 404(k)) on the employer's stock held by the ESOP during the employer's tax year in which the plan year ends? .....		X
If both line <b>1a</b> and line <b>1b</b> are "No," DO NOT complete any other questions on this schedule. Attach the schedule to the Form 5500 or 5500-EZ you file for your ESOP plan.		
<b>2</b> What is the total value of the ESOP assets? .....		
<b>3</b> If the ESOP holds preferred stock, under what formula is the preferred stock convertible into common stock of the employer corporation? .....		
<b>4</b> If unallocated employer securities were released from a loan suspense account, indicate below the methods used:		
<b>a</b> <input type="checkbox"/> Principal and interest (Excise Tax Regulations section 54.4975-7(b)(8)(i));		
<b>b</b> <input type="checkbox"/> Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii));		
<b>c</b> <input type="checkbox"/> Other (attach an explanation)		
<b>5</b> Were unallocated securities or proceeds from the sale of unallocated securities used to repay any exempt loan (within the meaning of Code section 4975(d)(3))? .....		
If "Yes," attach a description of the transaction.		
If the ESOP or the employer corporation has one or more outstanding securities acquisition loans intended to satisfy Code section 133, complete lines <b>6</b> through <b>11</b> , otherwise skip to line <b>12</b> .		
<b>6a</b> Was the ESOP loan part of a "back to back" loan? (See instructions for definition of "back to back" loan.) .....		
<b>b</b> If line <b>6a</b> is "Yes," are the terms of the two loans substantially similar? .....		
<b>c</b> Do the two loans have the same amortization schedule? If "No," attach an explanation of how the amortization schedules differ. ....		
<b>7</b> Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)? .....		
<b>8a</b> What was the date of the securities acquisition loan? .....		
	month	day year

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see the instructions for Form 5500 or 5500-EZ.

v2.3

Schedule E (Form 5500) 1999



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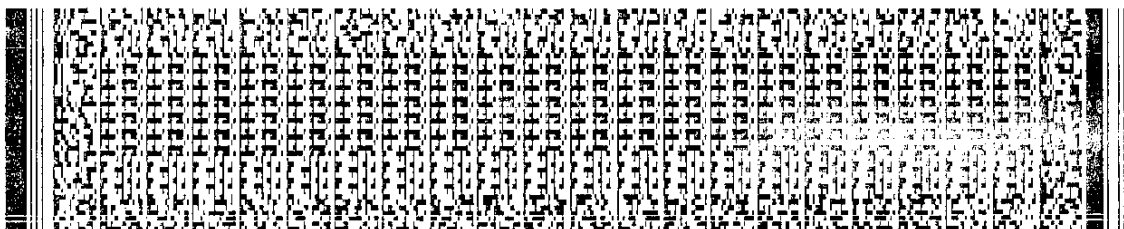
Schedule E (Form 5500) 1999

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- 8b** At all times after the acquisition of the employer securities with the loan proceeds, did the ESOP own more than 50% of (i) each class of outstanding stock of the employer corporation, or (ii) the total value of all outstanding stock of the corporation? Yes No
- c** If line **8b** is "No," does the securities acquisition loan satisfy one of the transition rules of Act section 7301(f) of OBRA 1989 or satisfy the exception in Code section 133(b)(6)(B)(ii)? (See instructions for explanation of transition rules.) Yes No
- d** If line **8c** is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was paid Yes No
- 9** What was the amount of interest paid on the securities acquisition loan? Yes No
- 10a** Were any securities disposed of within 3 years after the plan acquired section 133 securities in a taxable event described in Code section 4978B(c)? Yes No
- b** If line **10a** is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities? Yes No
- 11a** Were any of the ESOP's securities acquisition loans refinanced during this reporting period? Yes No
- b** If line **11a** is "Yes," does the refinancing meet the requirements of Act section 1602 of SBJPA 1996? Yes No
- If the employer maintaining the ESOP deducted dividends under Code section 404(k), answer the questions on lines 12 through 14, otherwise skip to line 15.
- 12a** Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316? Yes No
- b** Is the amount paid a dividend under applicable state law? Yes No
- 13** If dividends deducted under Code section 404(k) were used to repay an exempt loan, were any dividends used to repay the loan generated by securities that were not acquired with the proceeds of the loan being repaid? Yes No
- 14** If the answer to line 13 is "Yes," were the dividends paid with respect to employer securities that satisfy the transition rules of Act section 7302(b)(2) of OBRA 1989? Yes No
- 15** Complete the following information for each class of stock owned by the ESOP:

(a) Class of stock	(b) Common stock (C) Preferred stock (P)	(c) Readily tradable* Yes (Y) No (N)	(d) Dividend rate during plan year**	(e) Dividends paid to participants***	(f) Dividends used to repay exempt loan	
					(1) allocated stock	(2) unallocated stock
				\$	\$	\$



Schedule E (Form 5500) 1999

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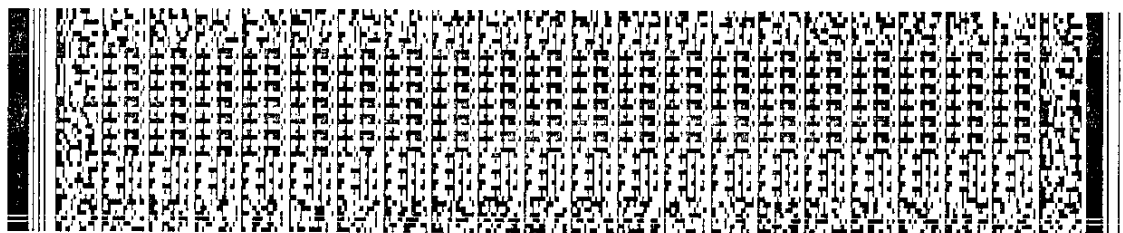
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(a) Class of stock	(b) Common stock (C) Preferred stock (P)	(c) Readily tradable* Yes (Y) No (N)	(d) Dividend rate during plan year**	(e) Dividends paid to participants***	(f) Dividends used to repay exempt loan	
					(1) allocated stock	(2) unallocated stock
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
<b>Totals of dividends reported on Line 15(e) and (f) for all classes of stock</b> .....				\$	\$	\$

\* If the stock is readily tradable on an established securities market within the meaning of Code section 409(l), enter "Y," otherwise enter "N."

\*\* Dividend rate paid for each class of stock during the plan year.

\*\*\* Dividends paid directly to or distributed to participants.



**SCHEDULE H  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**1999****This Form is Open  
to Public Inspection.**

For calendar year 1999 or fiscal plan year beginning 07/01/1999 and ending 06/30/2000

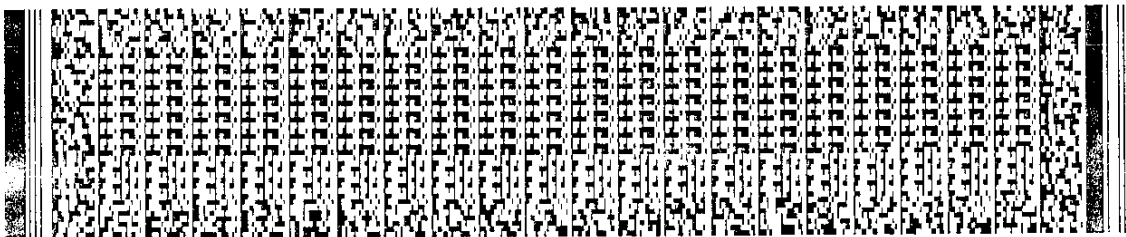
<b>A</b> Name of plan Suburban Bancorporation, Inc. Employee Stock Ownership Plan	<b>B</b> Three-digit plan number ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 Fifth Third Bank	<b>D</b> Employer Identification Number 31-1385530

**Part I Asset and Liability Statement**

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions .....	<b>b(1)</b>		
(2) Participant contributions .....	<b>b(2)</b>		
(3) Other .....	<b>b(3)</b>		
<b>c</b> General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit) .....	<b>c(1)</b>		
(2) U.S. Government securities .....	<b>c(2)</b>		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred .....	<b>c(3)(A)</b>		
(B) All other .....	<b>c(3)(B)</b>		
(4) Corporate stocks (other than employer securities):			
(A) Preferred .....	<b>c(4)(A)</b>		
(B) Common .....	<b>c(4)(B)</b>		
(5) Partnership/joint venture interests .....	<b>c(5)</b>		
(6) Real estate (other than employer real property) .....	<b>c(6)</b>		
(7) Loans (other than to participants) .....	<b>c(7)</b>		
(8) Participant loans .....	<b>c(8)</b>		
(9) Value of interest in common/collective trusts .....	<b>c(9)</b>		
(10) Value of interest in pooled separate accounts .....	<b>c(10)</b>		
(11) Value of interest in master trust investment accounts .....	<b>c(11)</b>		
(12) Value of interest in 103-12 investment entities .....	<b>c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<b>c(13)</b>		
(14) Value of funds held in insurance co. general account (unallocated contracts) .....	<b>c(14)</b>		
(15) Other .....	<b>c(15)</b>		

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Schedule H (Form 5500) 1999

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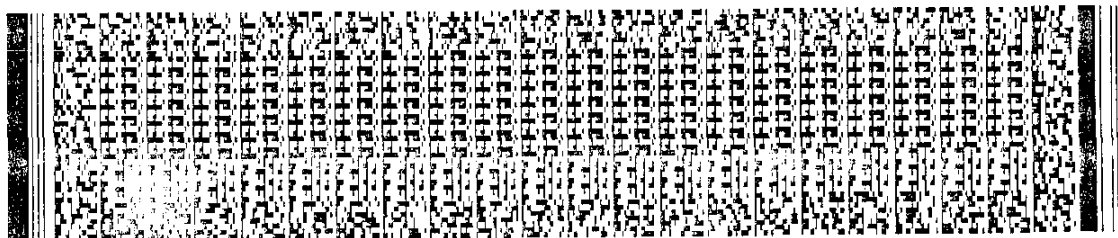
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		(a) Beginning of Year	(b) End of Year
<b>d</b> Employer-related investments:			
(1) Employer securities	d(1)	1,613,237	2,246,038
(2) Employer real property	d(2)		
<b>e</b> Buildings and other property used in plan operation	e		
<b>f</b> Total assets (add all amounts in lines 1a through 1e)	f	1,613,237	2,246,038
<b>Liabilities</b>			
<b>g</b> Benefit claims payable	g		
<b>h</b> Operating payables	h		
<b>i</b> Acquisition indebtedness	i		
<b>j</b> Other liabilities	j		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f)	l	1,613,237	2,246,038

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
<b>a</b> Contributions:			
(1) Received or receivable in cash from:			
(A) Employers	a(1)(A)		
(B) Participants	a(1)(B)		
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		0
<b>b</b> Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments	b(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)		
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		0
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	b(4)(A)		
(B) Aggregate carrying amount (see instructions)	b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		0



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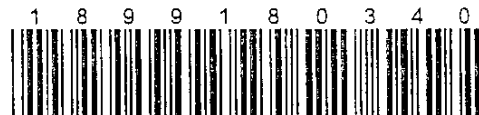
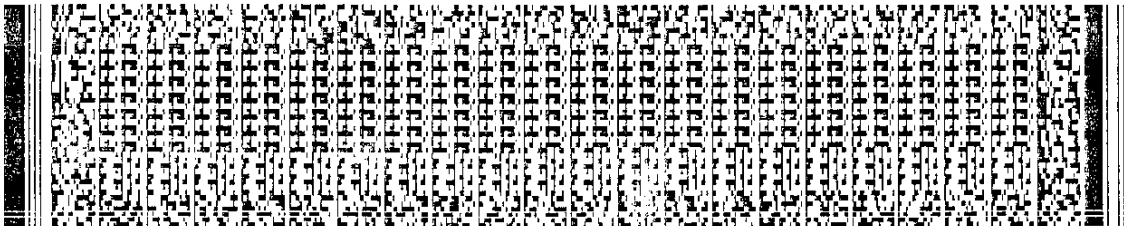
	(a) Amount	(b) Total
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	1,029,342
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	1,029,342
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	1,029,342
<b>Expenses</b>		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	378,229
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	378,229
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	18,312
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	18,312
j Total expenses. Add all expense amounts in column (b) and enter total	j	396,541
<b>Net Income and Reconciliation</b>		
k Net income (loss) (subtract line 2j from line 2d)	k	632,801
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

**Part III Accountant's Opinion**

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

a Attached to this Form 5500 and the opinion is -- (1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverseb Not attached because: (1) ☐ the Form 5500 is filed for a CCT, PSA or MTIA.(2) ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.c Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) ☐

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm) ▶



SU0260

Schedule H (Form 5500) 1999

Page 4

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**Part IV Transactions During Plan Year**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (see instructions)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked).		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)		X	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)		X	
e Was this plan covered by a fidelity bond?	X		5,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements).		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?		X	

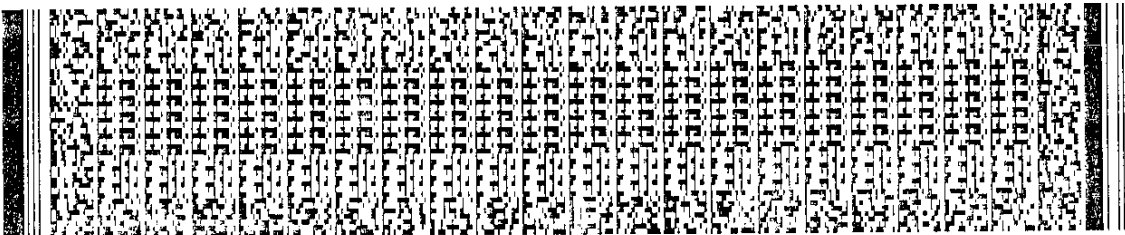
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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SU0261

**SCHEDULE P  
(FORM 5500)**Department of the Treasury  
Internal Revenue Service**Annual Return of Fiduciary  
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

**1999**

This Form is Open to  
Public Inspection.

For trust calendar year 1999 or fiscal year beginning 07/01/1999 , and ending 06/30/2000

**1a** Name of trustee or custodian

Fifth Third Bank

**b** Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

38 Fountain Square Plaza, MD 10AT41

**c** City or town, state, and ZIP code

Cincinnati OH 45263

**2a** Name of trust

Suburban Bancorporation, Inc. Employee Stock Ownership Plan

**b** Trust's employer identification number 31-0854433

**3** Name of plan if different from name of trust

**4** Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes

☐ No

**5** Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ. ►

31-1385530

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary

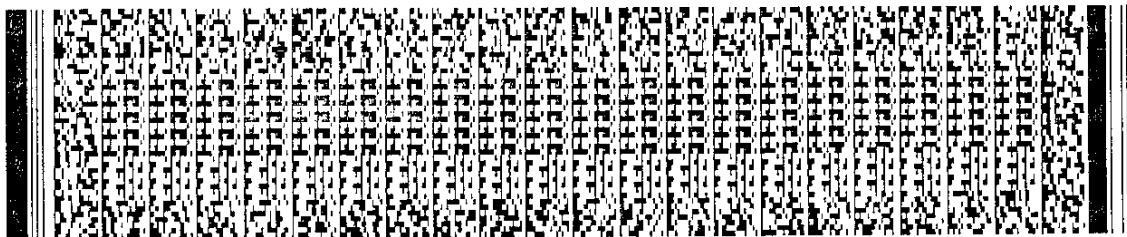
Date

4/16/01

For the Paperwork Reduction Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v2.3

Schedule P (Form 5500) 1999



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SU0262

**SCHEDULE T  
(Form 5500)**Department of the Treasury  
Internal Revenue Service**Qualified Pension Plan Coverage Information**This form is required to be filed under section 6058(a) of the  
Internal Revenue Code (the Code).► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**1999****This Form is Open  
to Public Inspection.**

For calendar year 1999 or fiscal plan year beginning 07/01/1999 , and ending 06/30/2000

<b>A</b> Name of plan Suburban Bancorporation, Inc. Employee Stock Ownership Plan	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 Fifth Third Bank	<b>D</b> Employer Identification Number 31-1385530

**Note:** If the plan is maintained by:

More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).

An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

- 1** If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

<b>1a</b> Name of participating employer	<b>1b</b> Employer identification number
--	--

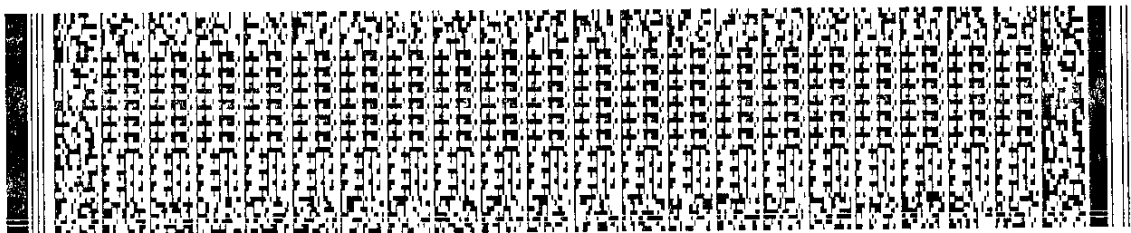
- 2** If the employer maintaining the plan operates QSLOBs, enter the following information:

- a** The number of QSLOBs that the employer operates is \_\_\_\_\_
- b** The number of such QSLOBs that have employees benefiting under this plan is \_\_\_\_\_
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ... ☒ Yes ☐ No
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.

- 3** Exceptions -- Check the box before each statement that describes the plan or the employer.  
If you check any box, do not complete the rest of this Schedule.

- a** ☐ The employer employs only highly compensated employees (HCEs).
- b** ☒ No HCEs benefited under the plan at anytime during the plan year.
- c** ☐ The plan benefits only collectively bargained employees.
- d** ☐ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e** ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule T (Form 5500) 1999



SU0263

Schedule T (Form 5500) 1999

Page 2

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4 Enter the date the plan year began for which coverage data is being submitted. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

a Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☐ No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☐ Yes ☐ No

c Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals

(2) Number of excludable employees as defined in IRS regulations (see instructions)

(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))

(4) Number of nonexcludable employees (line 4c(3)) who are HCEs

(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan

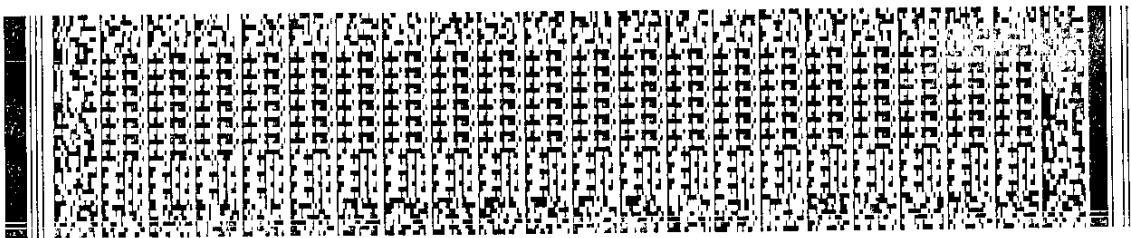
(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ \_\_\_\_\_ %

e Identify any disaggregated part of the plan and enter its ratio percentage:

(1) Disaggregated part: _____	Ratio Percentage: _____	e(1) _____ %
(2) Disaggregated part: _____	Ratio Percentage: _____	e(2) _____ %
(3) Disaggregated part: _____	Ratio Percentage: _____	e(3) _____ %

f This plan satisfies the coverage requirements on the basis of (check one): ☐ the ratio percentage test ☐ average benefit test



SU0264